

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> 	<small>FILING DATE</small>
							<small>APPLICANT(S)</small> <div style="font-size: 1.2em; font-weight: bold;">09/673137</div>	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
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